QUARTERLY REPORT OF RESOURCE DEPLETION SURCHARGE
ON MINED AGGREGATE, SAND, AND MANUFACTURED ASPHALT CONCRETE FROM LAND WITHIN YUBA COUNTY

INSTRUCTIONS:
1. Company must complete and return this report on or before the last day of the month following the close of each calendar quarter. A report MUST BE SUBMITTED even if no amount is owing and the business is still in operation.
2. Each report submitted shall be accompanied by a check payable to the Yuba County Tax Collector for the amount of the depletion fee due, plus any applicable penalties and/or interest.
3. Failure to submit the report and remit the corresponding amount due will result in the addition of penalties as provided in County Ordinance.
4. If the ownership or business location change or if the business ceases to operate, please notify the Yuba County Tax Collector’s Office so that our records may be updated and kept current.

Reporting Period:  April 1, 2019 – June 30, 2019        Due Date:       July 31, 2019

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If additional lines are needed, please attach a separate sheet

Total tonnage removed during reporting period: ________________________________

Amount of depletion fee due at $0.199398 per ton: ________________________________

Plus penalties if applicable/not paid by due date

   Delinquent penalty – 10% of fee due: ________________________________
   Interest – 1 ½% per month until paid: ________________________________
   Additional 10% penalty if past due 60+ days: ________________________________

TOTAL DEPLETION FEE, PENALTIES, and INTEREST DUE: ________________________________

CERTIFICATION OF OPERATOR
I certify that I have read this report thoroughly, including in and all instructions, understand all its contents, and supplied true and correct information herein to the best of my knowledge and belief. I understand that falsification or misrepresentation on my part or any of the information that I have supplied above constitutes grounds for the County to institute appropriate legal action to collect any amounts due, including all legal costs.

Company: ________________________________

Printed Name: ________________________________    Phone Number: ________________________________

Signature: ________________________________    Date: ________________________________